

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5246**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4467 Gibson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Fannie M. Brady**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Brady**
6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **Aug. 3rd 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 22 hr. min.

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Walter Duncan**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Everard**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Brady**
(b) Address **4467 Gibson Ave.**
17. (a) **Burial** (b) Date thereof **6-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peter's Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**
(b) Address **4228 So. Kingshighway Blvd.**
JUN 26 1941 (c) Signature **J. T. Brady**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **1718**
(If outside city or town limits, write "RURAL")
(d) Street No. **4467 Gibson Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25th**
year **1941** hour **7:45** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **May 2** **1941** to **6-23** **1941**
that I last saw her alive on **6-23** and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis**
Due to **Cancer of uterus**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **118**
Of autopsy **118**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **J. T. Brady** (M. D. or other) **U.D.**
Address **4501 Manchester** Date signed **6-25-41**

4501 Matthews Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin M. Gump

Licensed Embalmer No.....

3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.